

Name
In
Full

no Name

Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND		
Date of death		1906	Month May	Day 10	Age 5	Years no Fortus	Months —	Days —
Sex Male		Color or Race Black		Birth- place Cumberland				
Occupation None				Where Residing if not at place of death —				
Married, Single or Widowed		Married		Name of Wife or Husband Alex Allen				
Father's Name		Alex Allen				Father's Birthplace		Virginia
Mother's Maiden Name		Prudie Allen				Mother's Birthplace		Virginia
Name of person giving information		Mother Mrs Allen				How related to deceased		Mother

CAUSES OF DEATH

Primary	Stute	(S)	How long	—
Immediate	—		How long	—

Are the name, age, sex, color, date
and place correctly given above?

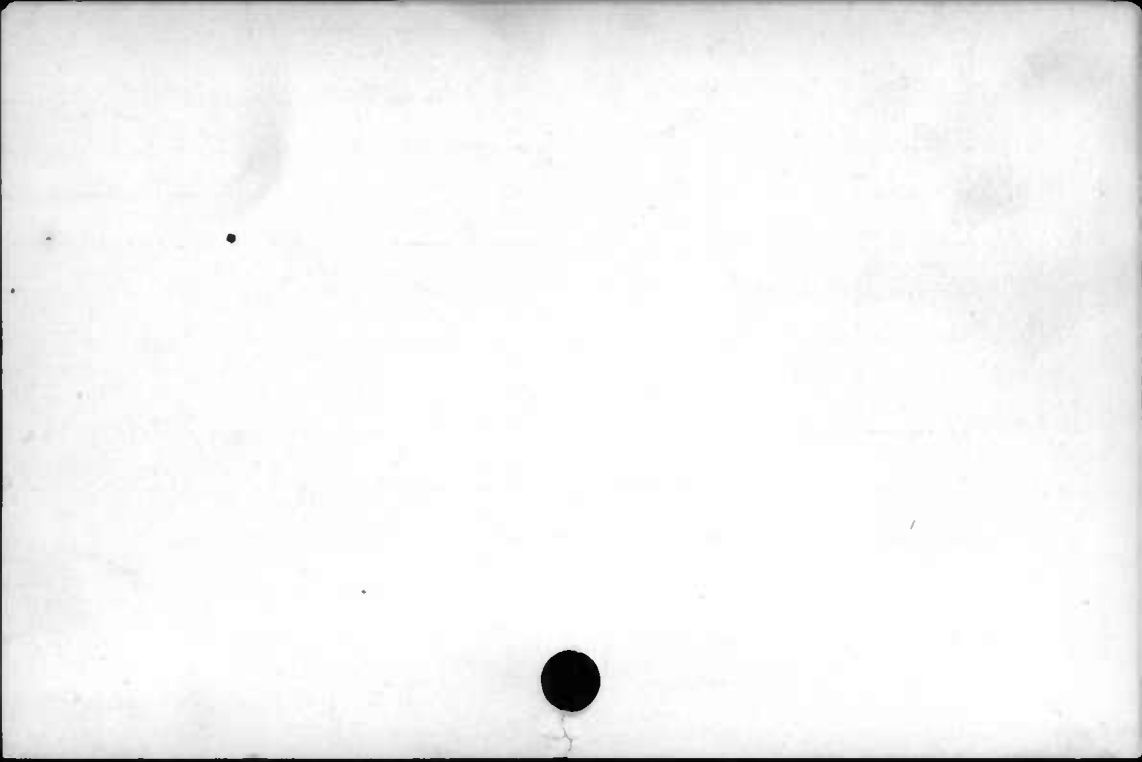
yes

Signature of
Physician

Address

J. M. Spear,
Cumberland, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		May	25	87			
Sex	Male		Color or Race	White		Birth place	
Occupation	Laborer		Where Residing if not at place of death		Same		
Married, Single	Married		Name of Wife or Husband		Rachel Conrad		
Father's Name	Frank Bore					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Tilden Bore					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Squidety		How long	Several years
Immediate	General failure		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Edmond Lunce	
		Address	Mt. Savage, Md.	
Accident or Suicide?				



Name
in
Full

Infant H. E. Boyland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland		^{County} Allegany		MARYLAND	
Date of death	1906	Month	May	Day	17
Age		Years		Months	
Sex	Male	Color or Race	White	Birth-place	Cumberland
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		H E Boyland		Father's Birthplace	
Mother's Maiden Name		S.		Mother's Birthplace	
Name of person giving information		H E Boyland		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. H. Hawkins	
Address		Cumberland	
Accident or Suicide?		No	

LOUIS STEIN



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crossland</i>		Town <i>Crossland</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>20</i>	Year <i>1906</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harrisburg, Pa.</i>				
Occupation <i>Cook</i>	Where Residing if not at place of death <i>Crossland</i>						
Married, Single Widowed	Name of Wife or Husband <i>Willie B. Barker</i>						
Father's Name <i>Robert Squirey</i>	Father's Birthplace <i>Frederick</i>						
Mother's Maiden Name <i>Louisia Gishor</i>	Mother's Birthplace <i>Pennston Co, Va</i>						
Name of person giving information <i>Willie B. Barker</i>	(27)		How related to deceased <i>Wife</i>				

CAUSES OF DEATH

Primary <i>Tuberculosis of lungs</i>	How long <i>8 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Surgeon Frank M. D.</i>
	Address <i># 637 N. Mechanic St.</i>
Accident or Suicide?	

Dr. Sparks

Name
in
Full

Herbert M. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ellerslie Town Allegheny County MARYLAND

Date of death 1906 Month May Day 7 Age 10 Years 10 Months — Days —

Sex Male Color or Race White Birth-place Ellerslie

Occupation Schoolboy Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Norman L. Cook Father's Birthplace Ellerslie

Mother's Maiden Name Annie Newman Mother's Birthplace "

Name of person giving information Norman L. Cook How related to deceased Father

CAUSES OF DEATH

Primary (166) How long —

Immediate R.R. accident How long 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

J. Carl Smith M.D.
Ellerslie Md

LOUIS STEIN

Accident or Suicide? accident



Name
in
Full

Adezza A Crabtree

CERTIFICATE OF DEATH

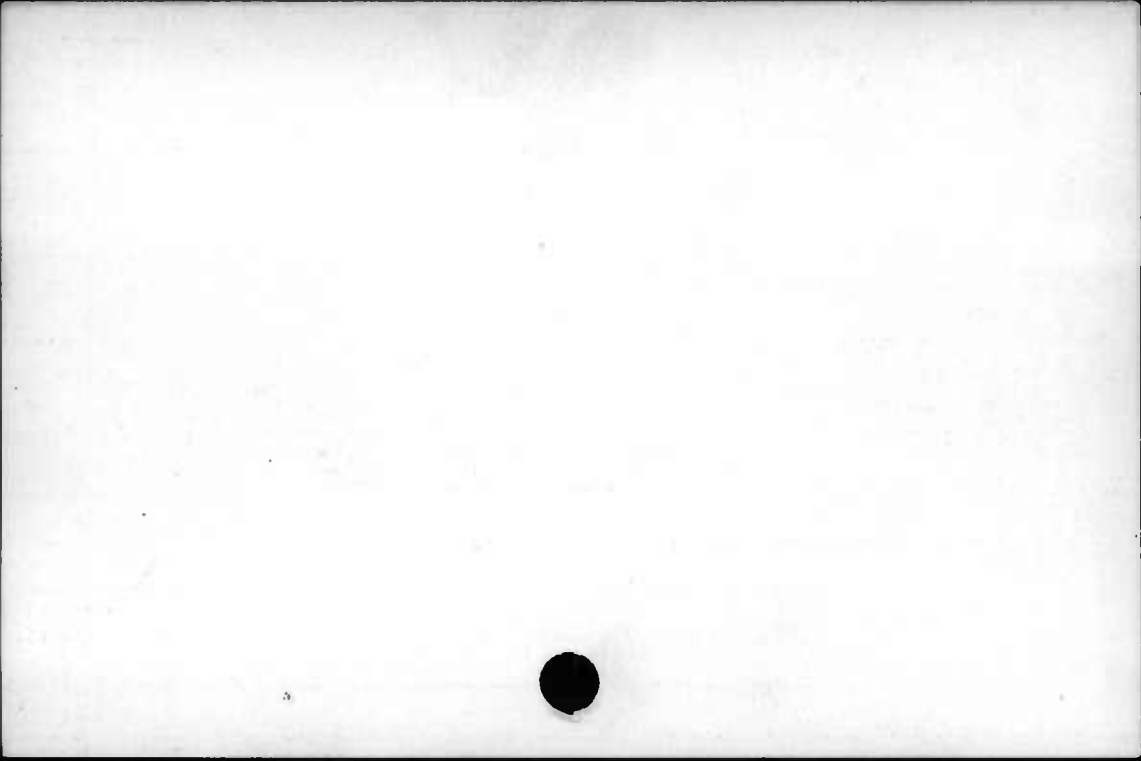
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1906	Month May	Day 10	Age 54	Years	Months 7	Days 16
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Joseph L Crabtree			
Father's Name	_____					Father's Birthplace	_____
Mother's Maiden Name	_____					Mother's Birthplace	_____
Name of person giving information	Ella Crabtree					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis		How long	122 yrs
Immediate	Exhaustion & Anemic Coma		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Geo. L. Brundage, M.D.
			Address	Cumberland
Accident or Suicide?	No			



Name
in
Full

Richard Dabney

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumbd

Date

of death 1906

Month

May

Day

4

Years

Age supposed 103

Months

Days

Sex

male

Color or
Race

colored

Birth-
place

Richmond Virg

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary

Father's
Name

—

Father's
BirthplaceMother's
Maiden Name

—

Mother's
BirthplaceName of person giving
In formation

Mary Dabney

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Paralyzed

How long

4 Weeks.

Immediate

Second Stroke

How long

3 wks.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

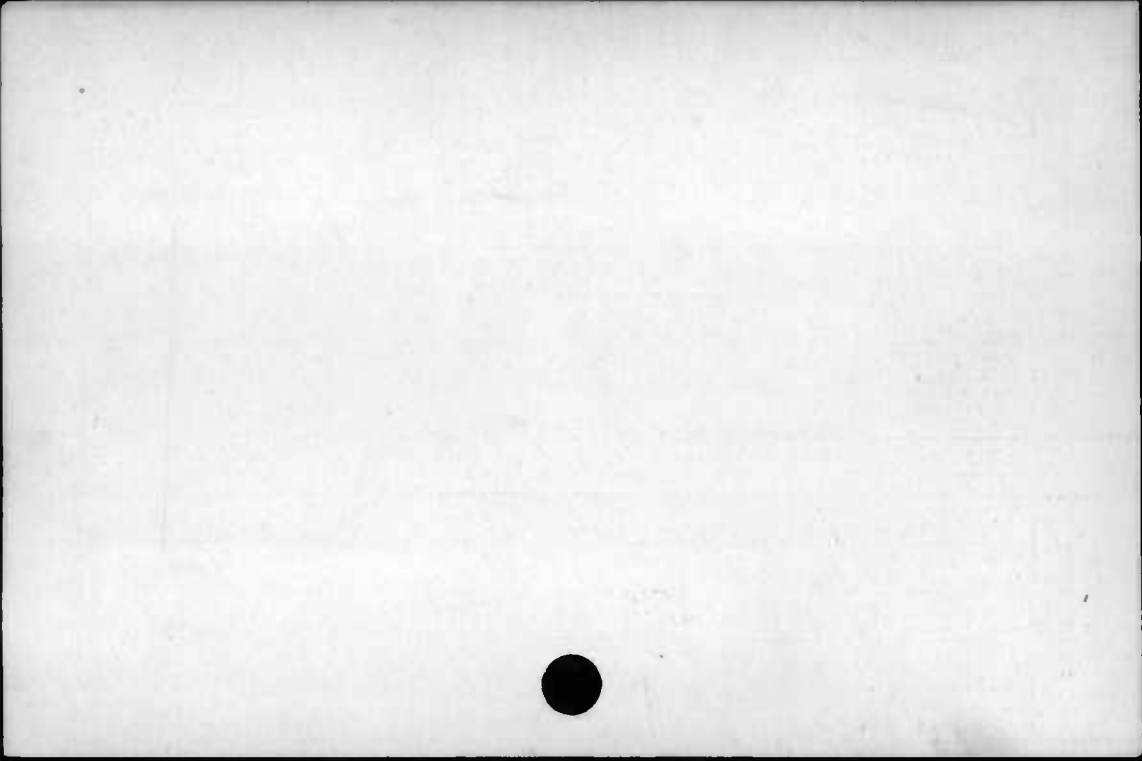
Ch. Brace, M.D.

Address

Cumbd Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

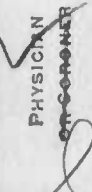
Mrs Caroline Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lincolnton</i> ^{Town}		<i>Accquary</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>3</i>	Age <i>58</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pittsburgh</i>		
Occupation <i>Housewife</i>	Where Residing If not at place of death <i>Grovetown</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Newton Dawson</i>				
Father's Name <i>Henry DePoy</i>	Father's Birthplace <i>Persim</i>				
Mother's Maiden Name <i>Magdaline Utz</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Henrietta Robinson</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN ON-CORNER 	Primary <i>Bright's disease</i>	How long <i>6 weeks</i>	
	Immediate <i>Bright's disease</i>	How long <i>6 weeks</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm M. Noble M.D.</i>	
		Address <i>Meekins St. - Accubiding M.D.</i>	

Dr Noble

Name
in
Full

Bruce William Derner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland Ind.		^{County} Alleg.		MARYLAND	
Date of death	1906	Month	May	Day	19
Age	8	Years	17	Months	
Sex	Male	Color or Race	White	Birth-place	Cumberland Md.
Occupation			Where Residing if not at place of death 260 Columbia Ave.		
Married, Single, or Widowed		Name of Wife or Husband			
Father's Name		R. C. Derner		Father's Birthplace	
Mother's Maiden Name		Clara Close		Mother's Birthplace	
Name of person giving information		R. C. Derner		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis (Whooping Cough)	How long	About 4 wks.
Immediate	Oedema of lungs	How long	About 12 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes!	
Signature of Physician		Edward Harris M.D.	
Address		88 Bedford Street Cumberland Ind.	
Accident or Suicide?			



Name

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Full

CERTIFICATE OF DEATH

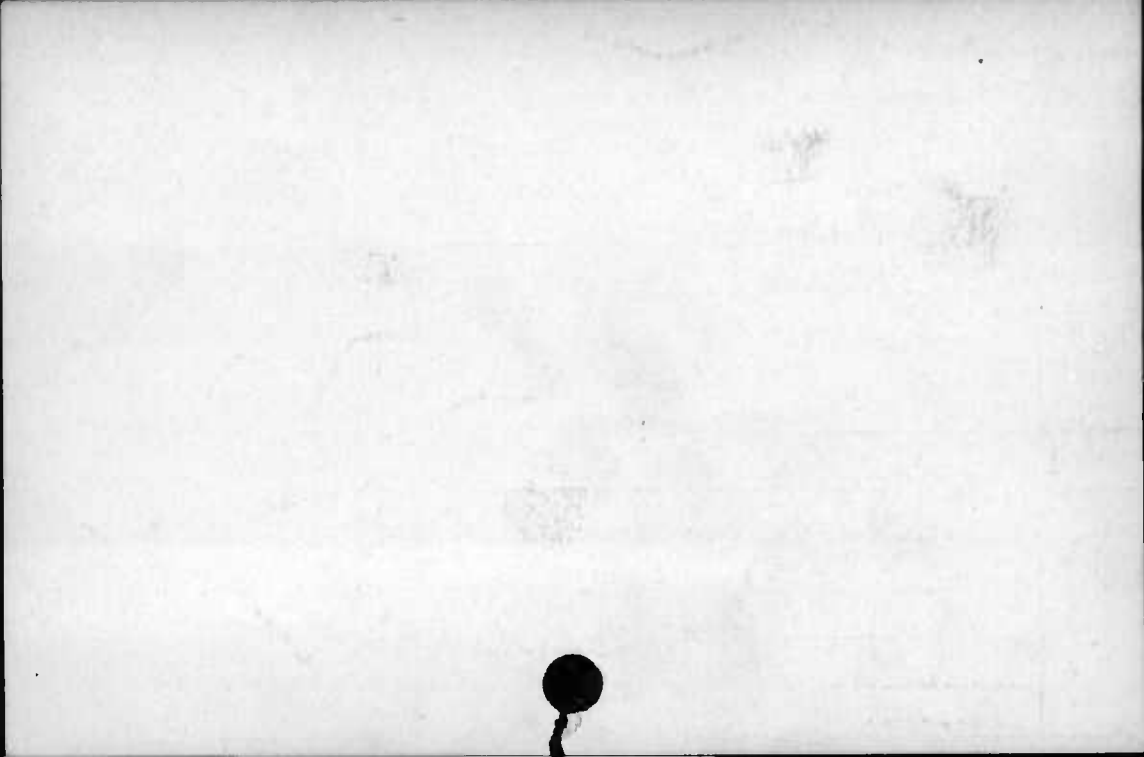
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>30</i>	Age <i>34</i>	Years <i>10</i>	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Cumt-d</i>			
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Phinnie</i>				
Father's Name <i>Daniel Forantz</i>	Father's Birthplace <i>Cumt-d</i>				
Mother's Maiden Name <i>Dora</i>	Mother's Birthplace				
Name of person giving information <i>Daniel Forantz</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Tubercular Laryngitis</i>	How long <i>26</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>26</i>	How long <i>26</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>P. Y. Fichtg</i>	
	Address <i>Cumberland Md</i>	
Accident or Suicide?		



Name in Full		Benjamin Frazer				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		allcgany		
	Date of death	1906	Month	May	Day	5	Age
					Years	72	Months
							Days
	Sex	male		Color or Race	White		Birth-place
							Bard Pa
	Occupation	Farmer		Where Residing if not at place of death			
			Bard Pa				
Married, Single or Widowed	Widower		Name of Wife or Husband		-		
Father's Name	-					Father's Birthplace	
Mother's Maiden Name	-					Mother's Birthplace	
Name of person giving information	A F Sheier					How related to deceased	
						Nefew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Injury from Horse Kick				How long
							2 wks.
	Immediate		Shocks.				How long
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Thos. S. Korn M.D.
				Address		Cumberland.	
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

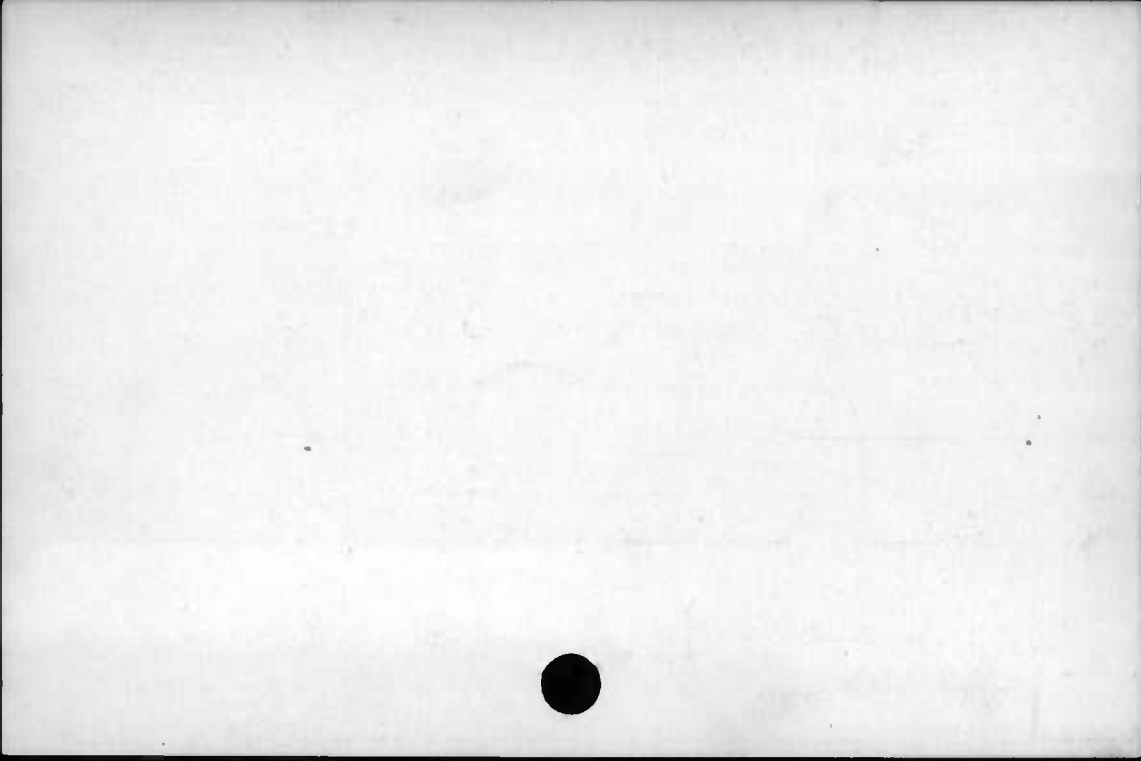
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		May	18	23		5	10
Sex	Male		Color or Race	White		Birth-place	
Occupation	Clark		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	C. E. Hambright				Father's Birthplace		
Mother's Maiden Name	Anna Wadsworth				Mother's Birthplace		
Name of person giving information	C. E. Hambright				How related to deceased		
				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	(69)
Immediate	Congestion of Brain	How long	8 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. W. W. Wiley
		Address	W. Cumberland Md
Accident or Suicide?		LOUIS STEIN,	



Name in Full		TOWN				COUNTY		STATE			
JACOB HANSEL		FROSTBURG		ALLEGANY		MARYLAND					
Died at		Month		Day		Years		Months		Days	
Date of death		1906		May		9		Age		67	
Sex		Male		Color or Race		White		Birth-place		Frostburg, Md.	
Occupation		Coal operator		Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Solomon Hansel		Father's Birthplace							
Mother's Maiden Name		April Kuper		Mother's Birthplace							
Name of person giving information		James Lemmon		How related deceased		93		Brother			
CAUSES OF DEATH.											
Primary		Pneumonia + influenza		How long		4 weeks					
Immediate		Cardiac exhaustion		How long		short time					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. A. Cobey					
				Address		Frostburg, Md.					
Accident or Suicide?		No									

Nauel Cemetery
Isaac E. Mayer.

Name
in
Full

Rachael G. Humerate

CERTIFICATE OF DEATH

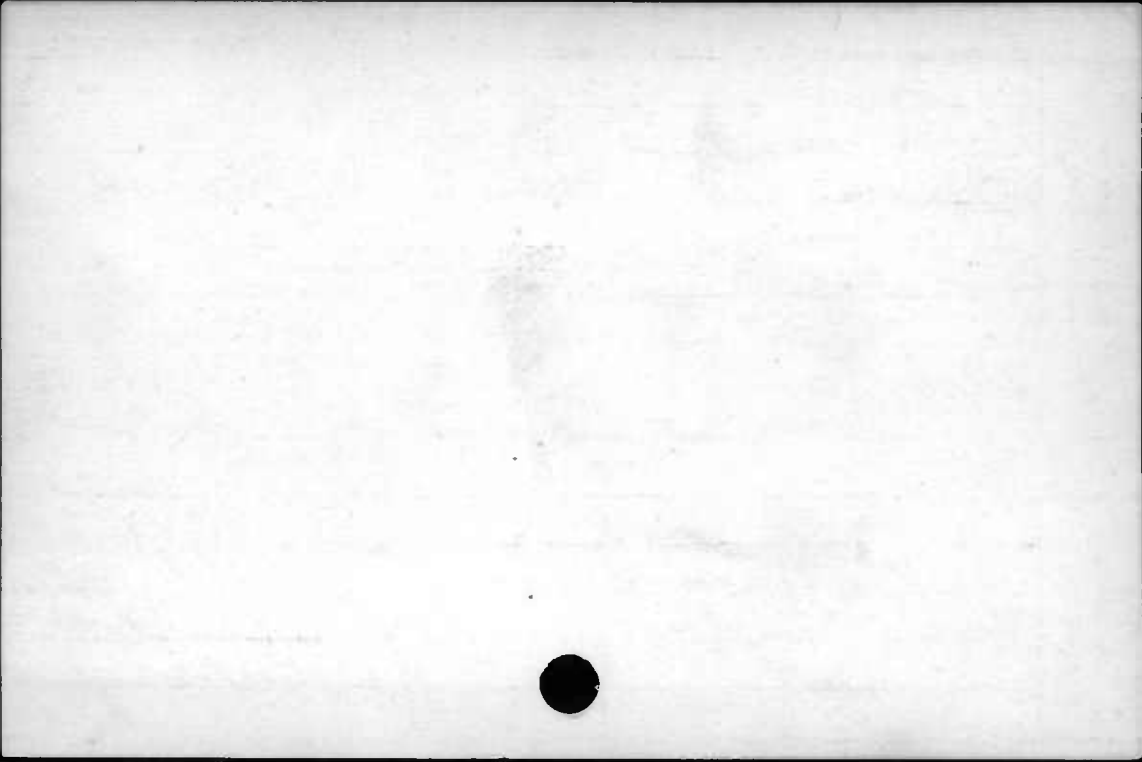
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bumblant</i>		County <i>Meigs</i>		MARYLAND	
Date of death	1906	Month <i>May</i>	Day <i>13</i>	Age <i>45</i>	Months <i>4</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sh. Pa.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martin Humerate</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Martin Humerate</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>18 mo</i>
Immediate <i>Exhaustion</i>	How long <i>4 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Twigg</i>
	Address <i>Bumblant, Meigs</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

CERTIFICATE OF DEATH

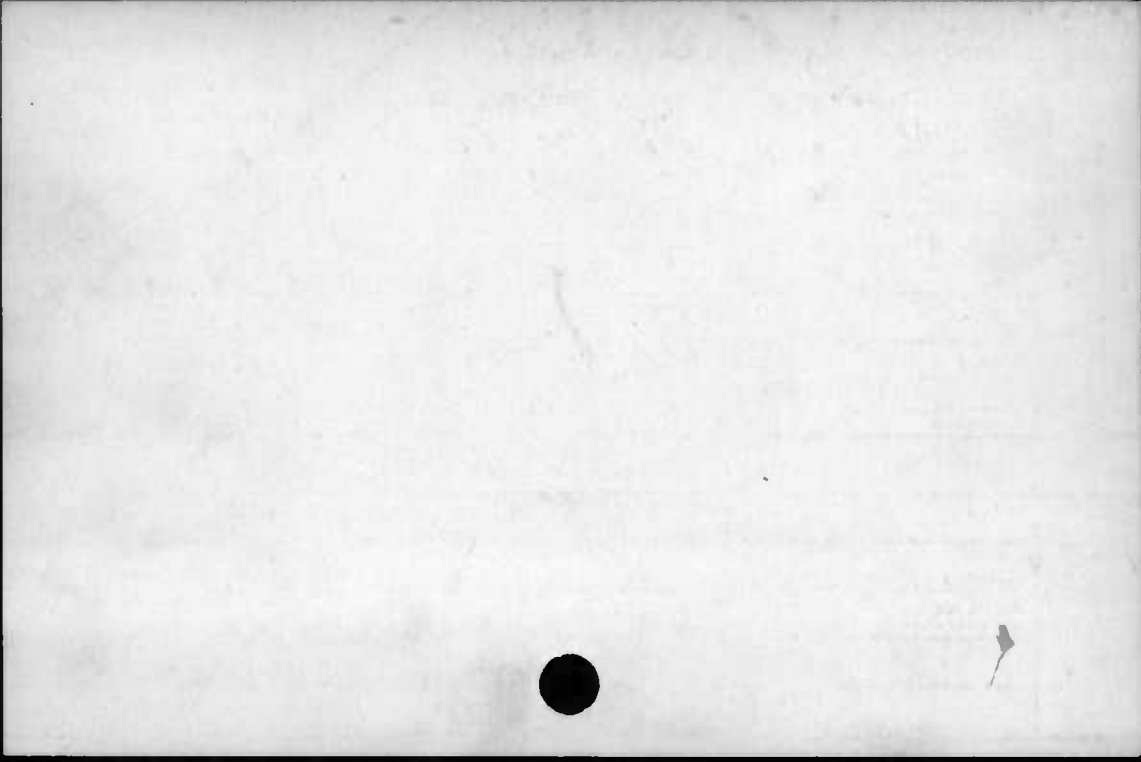
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Samantha C. Hillary</i>		Town <i>Cum</i>		County <i>Ala</i>		MARYLAND	
Died at <i>Cum</i>		Month <i>May</i>		Day <i>24</i>		Years <i>66</i>	
Date of death <i>1906</i>		Months		Days <i>9</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William A Hillary</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Richard P Hillary</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>-</i>	How long <i>(40)</i>
Immediate <i>Cancer of the Stomach</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>James I Johnson M.D.</i>
<i>LOUIS STEIN.</i>	Address <i>Camden, N.J.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Patrick H. Hughes

Town *Linndorlanes* County *Allegheny* MARYLAND

Died at *Linndorlanes*

Date of death *1906* Month *5* Day *13* Age *40* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death

~~Married~~, Single or ~~Married~~ Name of Wife or Husband

Father's Name *Henry Hughes* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Maher* Mother's Birthplace *" "*

Name of person giving information *Mary C. Hughes* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Killed by fall of lumber* How long

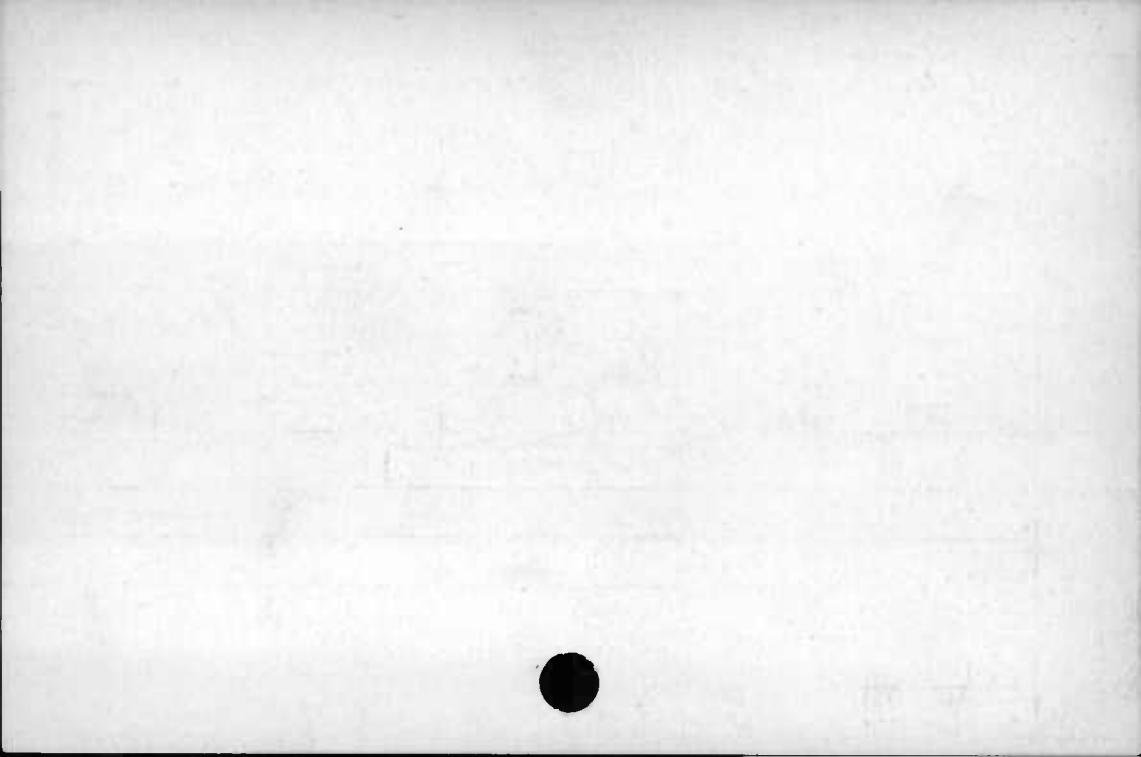
Immediate *Suffocation* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. H. Grace, M.D.*

Address *Quincy Ind*

Accident or ~~Guided~~



Name
in
Full

CERTIFICATE OF DEATH

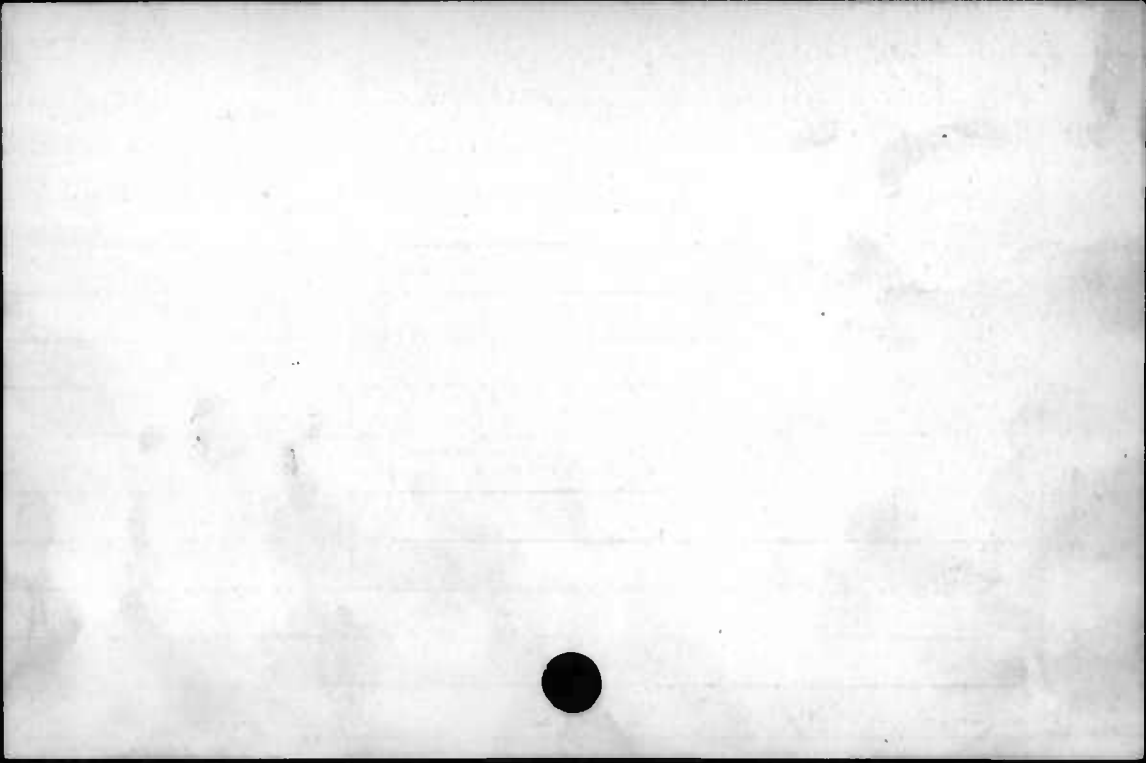
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kimberland</u>		Town <u>Kimber</u>		County <u>allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>25</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>	Days <u> </u>	
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Kimberland</u>				
Occupation <u> </u>			Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>				
Father's Name <u>Wm Kemp</u>			Father's Birthplace <u>Kimberland Md</u>				
Mother's Maiden Name <u>Bessie Deetz</u>			Mother's Birthplace <u>Hagerstown Va</u>				
Name of person giving information <u>Wm Kemp - Father</u>			How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>still born</u>	How long	<u> </u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>C. L. Owens M.D.</u>
		Address	<u>28 Va</u>
Accident or Suicide?			<u>Kimberland Md</u>



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barthomley</u> ^{Town}		<u>Kilbarn</u> ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	24
Sex	Male	Color or Race	White	Age	86
Occupation	Farmer		Where Residing if not at place of death	Months	Days
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Winifred Doll			How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	How long	(154)
Immediate	exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr Thomas S Koon
		Address	Emmabund Md Koon
Accident or Suicide?			

LOUIS STEIN



Name
in
Full

Elizabeth Kretzberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1906	Month 5	Day 19	Age 26	Years 26	Months — Days —
Sex female		Color or Race white		Birth-place		md	
Occupation		—		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George Kretzberg		Father's Birthplace		md	
Mother's Maiden Name		Lyon		Mother's Birthplace		md	
Name of person giving information		Derek (Undertaker)		How related to deceased		uncle	

CAUSES OF DEATH

(45)

PHYSICIAN
OR CORONER

Primary	car Sarcoma of Humerus	How long	2 years
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		md	
Accident or Suicide?			

your
cousin

Name
in
Full

Ellen Kuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtubland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small>	<u>May</u> <small>Day</small>	<u>7</u> <small>Age</small>	<u>45</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>J. Edward Kuch</u>				
Father's Name <u>Corney</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>May Corney</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Laura Corney</u>	(27)		How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis + Pernicious Anemia</u>	How long <u>6 Mo.</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. L. Broadup M.D.</u>
	Address <u>Cumtubland Ind</u>
Accident or Suicide? <u>No</u>	<u>55 Va an</u>

anyt-Parab 42 MD

~

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Gordon Linderman</i>		Town <i>Cumtob</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumtob</i>		Month <i>May</i>		Day <i>10</i>		Age <i>—</i>	
Date of death <i>1906</i>		Months <i>—</i>		Years <i>—</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtob.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>August Linderman</i>		Father's Birthplace <i>Cumtob.</i>					
Mother's Maiden Name <i>Annie F. Bennett</i>		Mother's Birthplace <i>Allegheny Co.</i>					
Name of person giving information <i>August Linderman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>151</i>	How long	
Immediate	<i>Premature Birth</i>	How long	<i>3 1/2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Cole. M.D.</i>	
		Address <i>W. Cumberland Md</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Thomas McHugh*

CERTIFICATE OF DEATH

MARYLAND

Died at *Louisa* Town *Allegany* County
 Date of death *1906* Month *May* Day *7* Age *72* Years Months *4* Days *20*
 Sex *Male* Color or Race *White* Birth-place *Ireland*
 Occupation *Invalid* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *Mary Louisa McHugh*
 Father's Name *Thos. McHugh* Father's Birthplace *Ireland*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Ireland*
 Name of person giving information *Mrs. Thos. McHugh* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis* How long *3 years*
 Immediate *Mal nutrition. Heart failure.* How long *1 week.*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Harry D. Hodgson*
 Address *Louisa, Maryland.*
 Accident or Suicide? *No*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERMeyer Infant of Joseph Meyer
of Legary

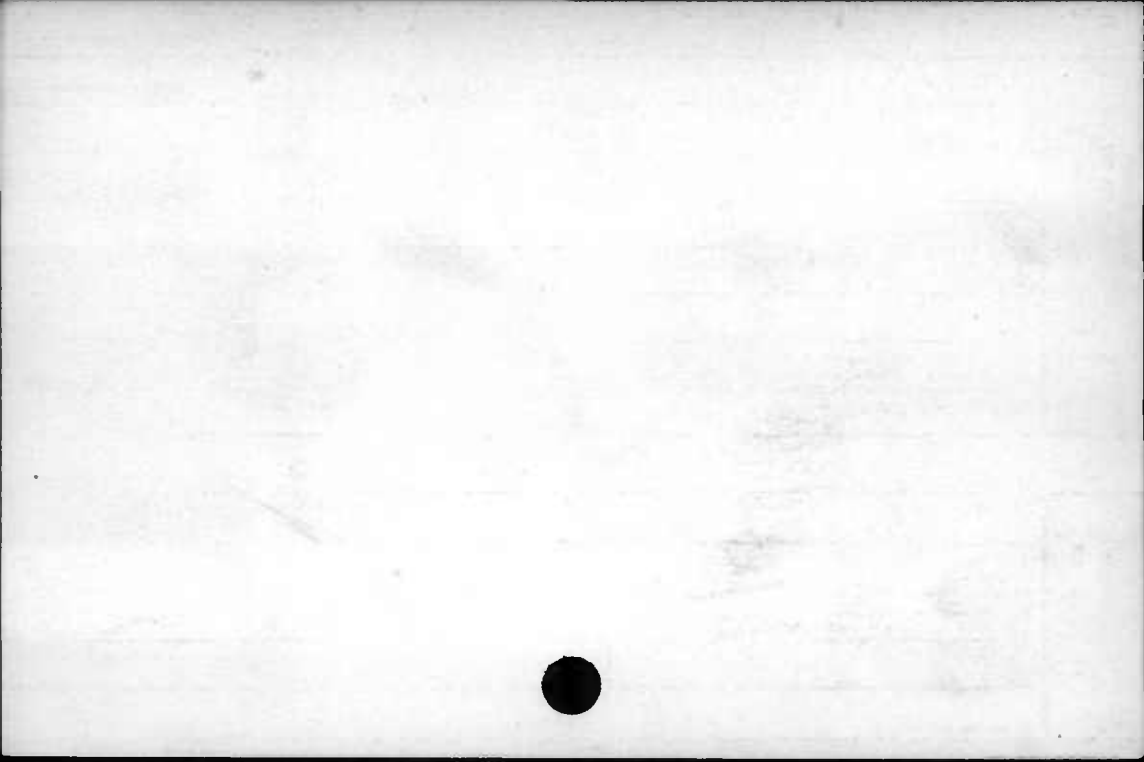
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Cumbeband</u> ^{Town}		<u>if Legary</u> ^{County}			
Date of death <u>1906</u>	Month <u>May</u>	Day <u>29</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Stewale</u>	Color or Race <u>White</u>		Birth-place <u>Cumbeband</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Joseph Meyer</u>	Father's Birthplace <u>Ma</u>				
Mother's Maiden Name <u>Mary Wauder</u>	Mother's Birthplace <u>Cumbeband</u>				
Name of person giving information <u>Joseph Meyer</u>	(151)			How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary <u>Premature Delivery (7 mo)</u>	How long <u>—</u>
Immediate <u>unknown</u>	How long <u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Duse</u>
	Address <u>Cumbeband Ma</u>
Accident or Suicide? <u>2</u>	



Name
in
Full

Ms. Sarah Mills

CERTIFICATE OF DEATH

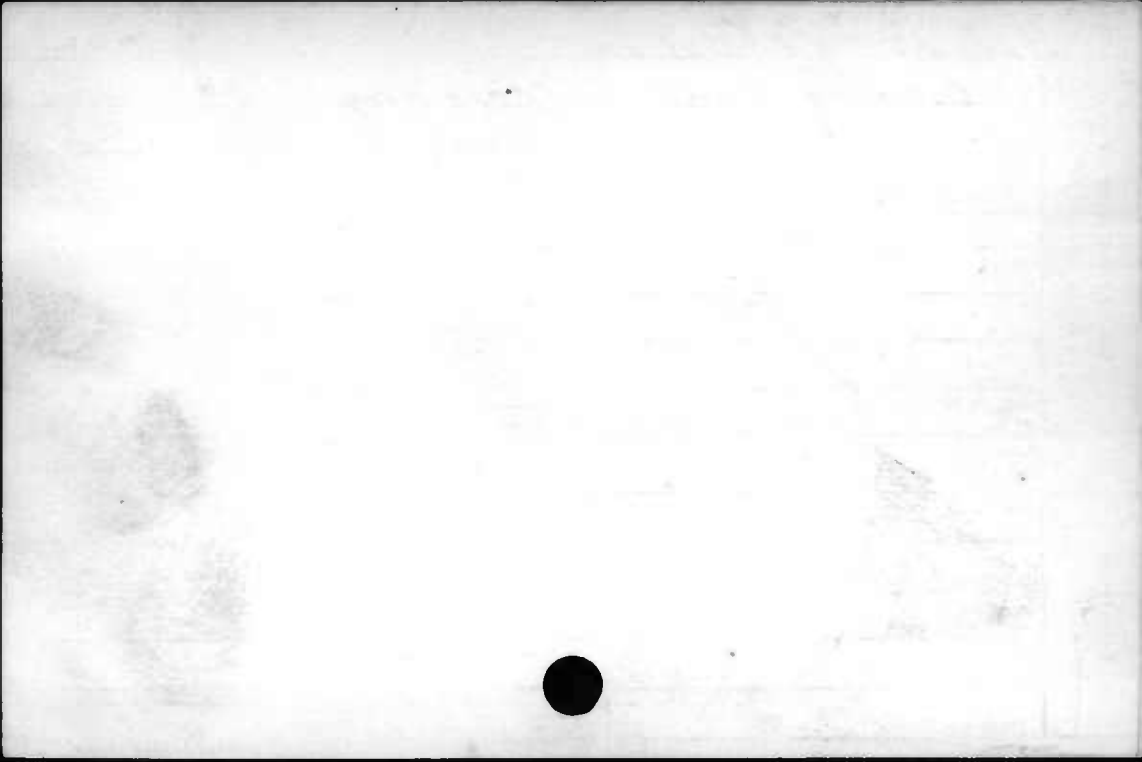
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		May	19	66	-	-	
Sex	Female		Color or Race	White		Birth place	England
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel Mills			
Father's Name	Samuel Hightington				Father's Birthplace	England	
Mother's Maiden Name	Ann Douglas				Mother's Birthplace	??	
Name of person giving information	Mr John Duval				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease		How long	One year
Immediate	Cerebral hemorrhage		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			W. D. Skilling M.D.	
			Address	
			Lonaconing	
Accident or Suicide?				
No.				



Name
in
Full

J. Morrison

5-11/I

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cum berland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1906	Month	5	Day	18
Age		about 19		Years	
Sex	Male		Color or Race	White	
Occupation	Brothman		Where Residing if not at place of death	Connellsville Pa.	
Married, Single or Widowed			Name of Wife or Husband	M.P.	
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	G.L. Butler		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Engine backed down on him at B & O Road House	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Francis Henry Nichodamus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		May	18	4		1	24
Sex	Male		Color or Race	White		Birth-place	W. Savage, Md.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John E. Nichodamus				Father's Birthplace	
Mother's Maiden Name		Emma H. Y. Nichodamus				Mother's Birthplace	
Name of person giving information		J. E. Nichodamus				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Slaver fever (17)	How long	2 weeks
Immediate	Cardiac Syncope	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Edw. D. Dukes	
		Address	
		W. Savage, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Cell Nichols

Town

County

Died at

Date

1906

Month

May

Day

14

Age

Years

1

Months

2

Days

—

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Lona coming

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

James M. Nichols

Father's
Birthplace

Lona coming

Mother's
Maiden Name

Gerty M. Jones

Mother's
BirthplaceName of person giving
information

Jas M. Nichols

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

3 weeks

Immediate

Capillary Bronchitis

How long

48 hours

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

W. D. Skilling M.D.

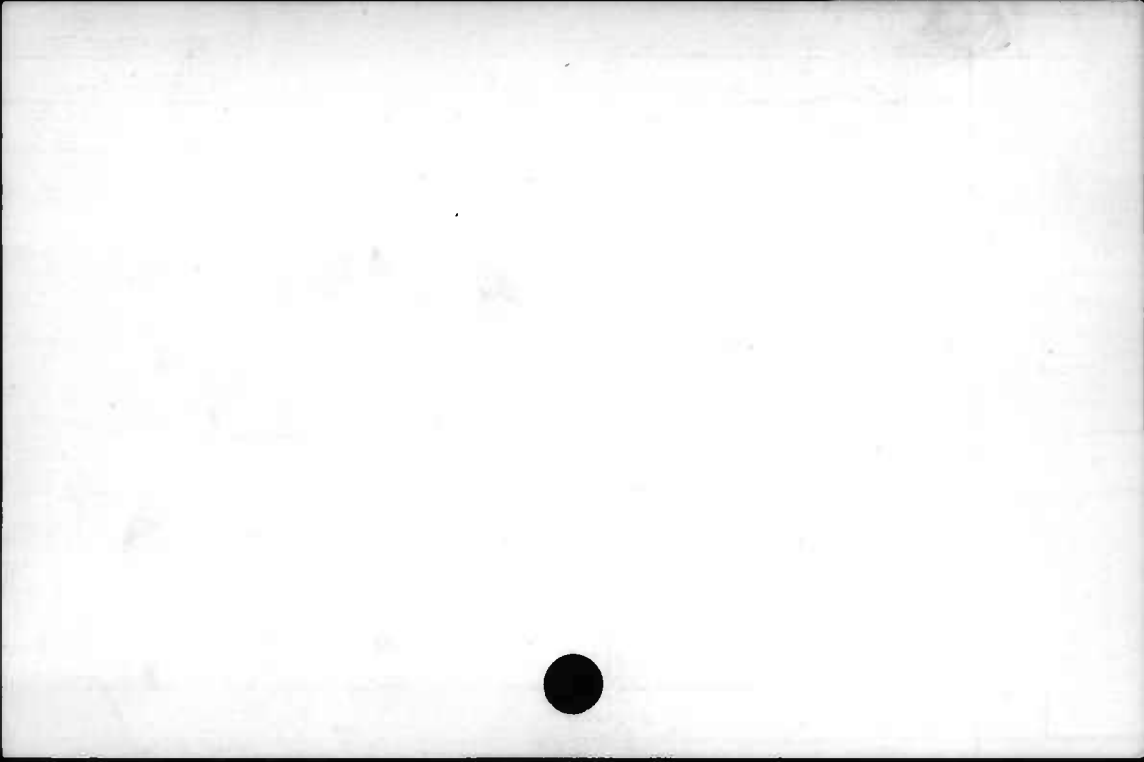
Address

Lona coming

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

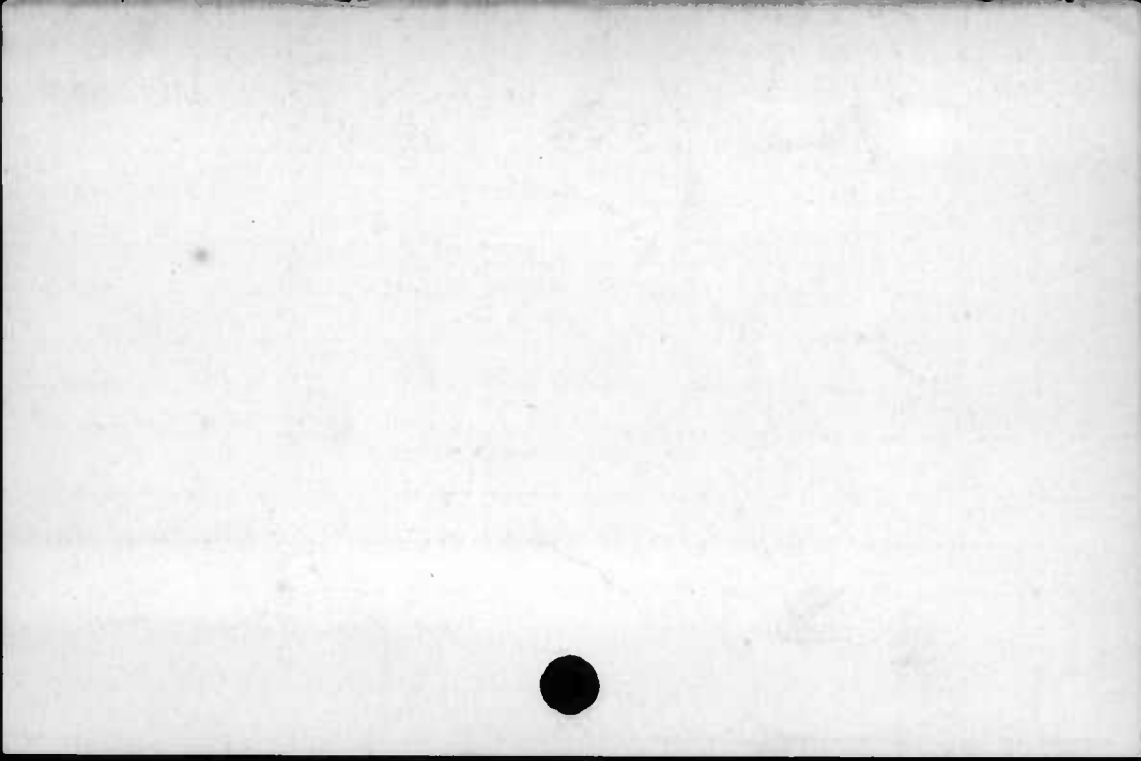
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Gaura A Norton</i>		Town <i>Cum</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Cum</i>		Month <i>May</i>		Day <i>28</i>		Years <i>48</i>	
Date of death <i>1906</i>		Age <i>48</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Western Md, Hospital</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>A B Norton</i>					
Father's Name <i>Adolphus Ake</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>White</i>		Mother's Birthplace <i>Conn</i>					
Name of person giving information <i>A. B. Norton</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangulated Hernia</i>	How long	<i>108</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr W. A. Noble</i>	
Address <i>LOUIS STEIN</i>		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Barton Town		Allegany County			
Date of death 190 6	Month May	Day 9	Age 56	Months ✓	Days ✓
Sex Female	Color or Race White		Birth-place W. Va.		
Married, Single or Widowed Married			Occupation HW		
Name of Wife Wm. Orr, Jr.					
Husband					
Father's Name James Stewart			Father's Birthplace W. Va.		
Mother's Maiden Name Elizabeth Stewart			Mother's Birthplace W. Va.		
Name of person giving information H. M. Orr			How related to deceased Brother-in-law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage (H)	How long	Instant death
Immediate	✓	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. G. Boucher	
yes		Address Barton Md	
Accident or Suicide?			



Name

in
Full

Portanzo

CERTIFICATE OF DEATH

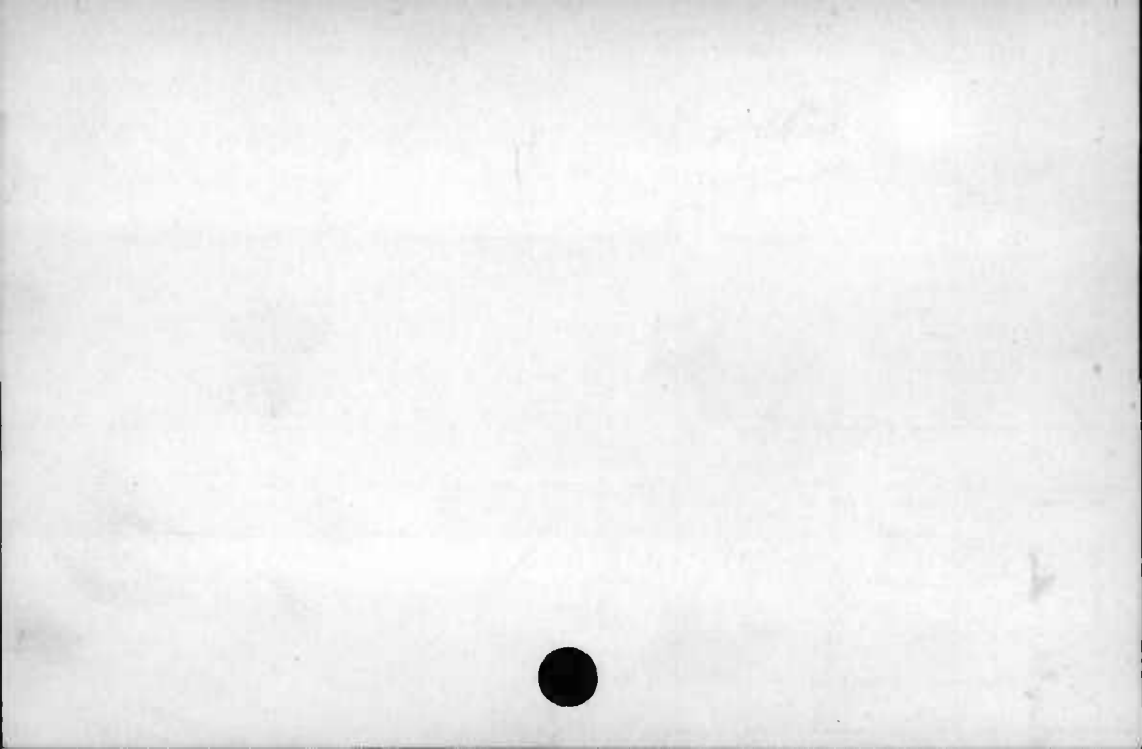
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Allington		MARYLAND	
Date of death	1906	Month May	Day 15	Age —	Years —	Months —	Days 1
Sex	male		Color or Race	white		Birth- place	md
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name				Simon Portanzo		Father's Birthplace	Italy
Mother's Maiden Name				Mary Lucien		Mother's Birthplace	md.
Name of person giving information				Mary Portanzo		How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hydrocephalus (Stillborn)	How long	1
Immediate	Hydrocephalus child	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. Broadbent	
Address		Annapolis md.	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Quinn

Died at *Linnaering* Town *Allegheny* County

DATE of death 1906 *May* Month *11* Day *1* Age *40* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Linnaering*

Occupation _____ Where Residing if not at place of death _____

☒ Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Frank Quinn* Father's Birthplace *Linnaering*

Mother's Maiden Name *Mary M. High* Mother's Birthplace _____

Name of person giving information *Frank Quinn* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Enterocolitis* (105) How long *10 days*

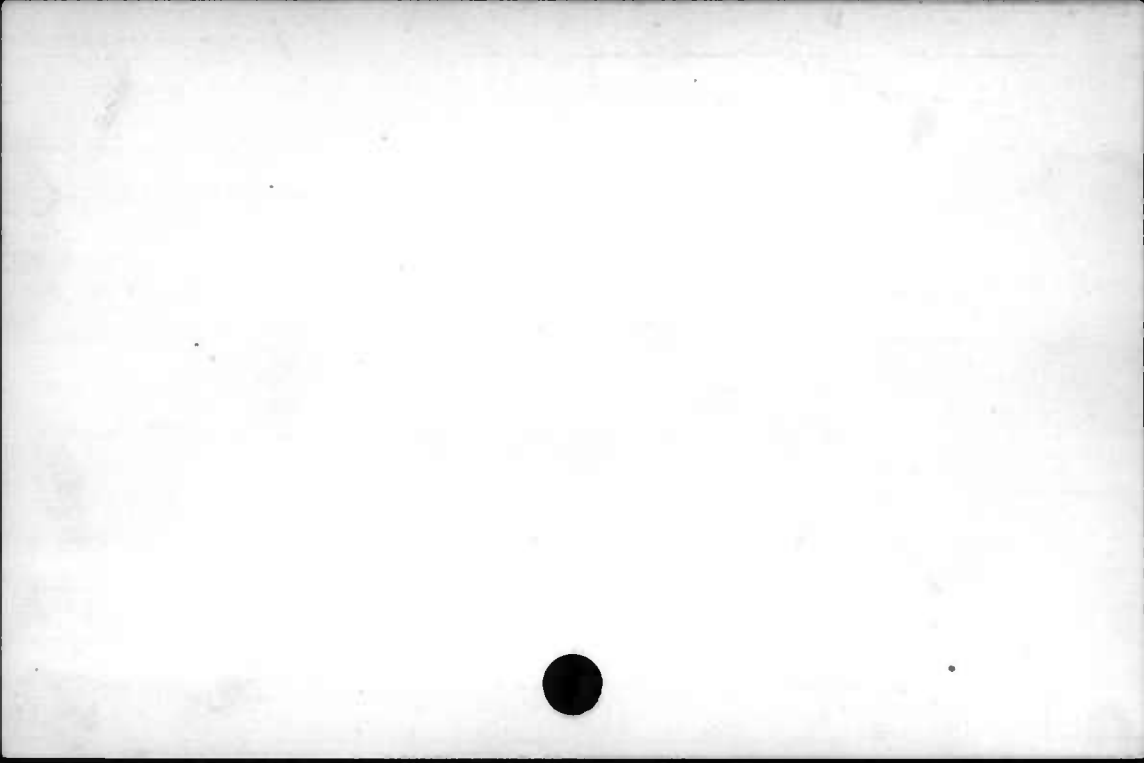
Immediate *Meningitis* How long *4 or 5*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M. Skilling M.D.*

Address *Linnaering*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

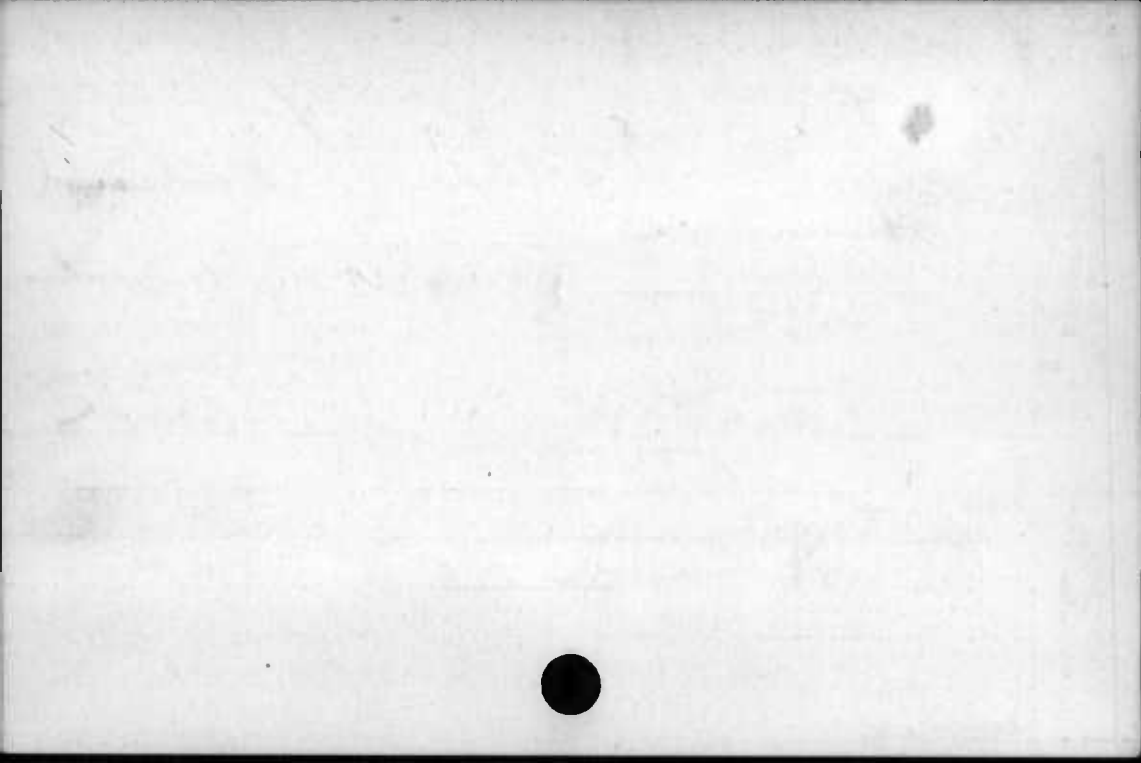
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leicester</i>		Town <i>Leicester</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>28</i>	Age <i>64</i>	Years <i>64</i>	Months <i>10</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>				
Occupation <i>Miner Boos</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jane Ferguson Rankin</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Jane F. Rankin</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

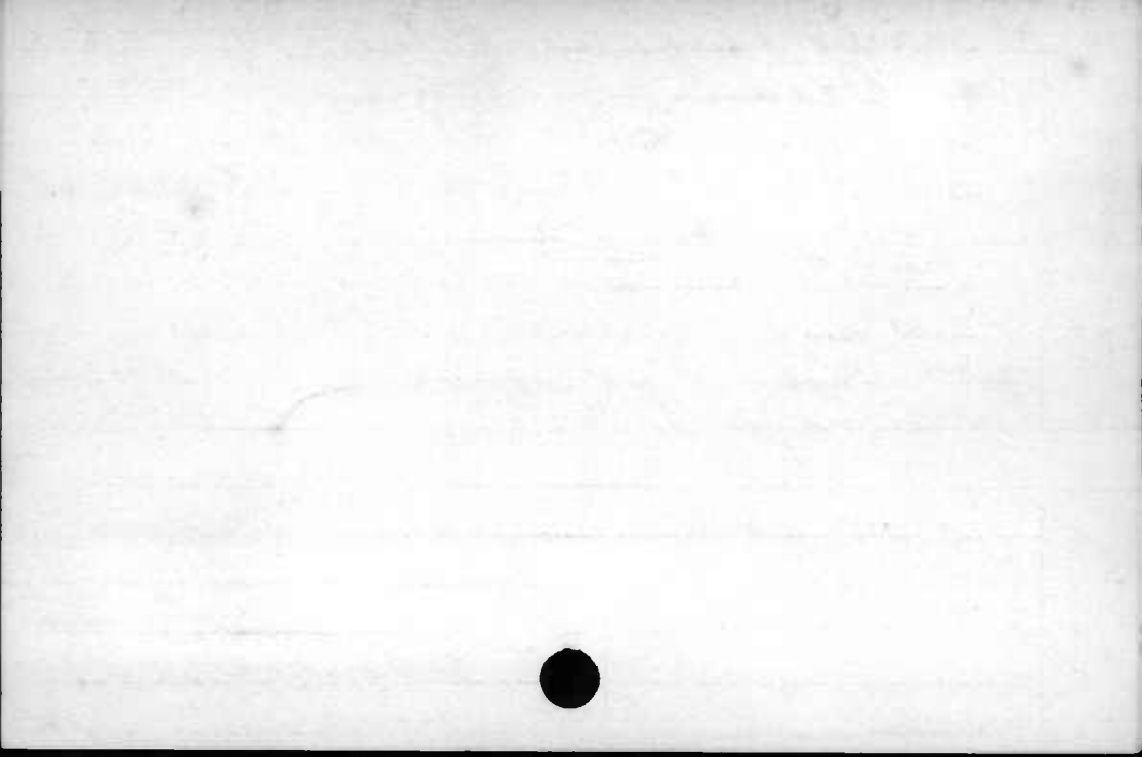
Primary <i>Congestion of Lungs</i>	How long <i>36</i>
Immediate <i>do</i>	How long <i>36</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. A. Sherry</i>
	Address <i>Piedmont</i>
Accident or Suicide?	



Name in Full Sarah C. Rizer		CERTIFICATE OF DEATH	
Died at Cumberland <small>Town</small>		Alleghany <small>County</small>	
Date of death 1906 <small>Month</small> May <small>Day</small> 20		Age 77 <small>Years</small> 3 <small>Months</small> - <small>Days</small>	
Sex Female <small>Color or Race</small> White		Birth-place Virginia	
Occupation Housework		Where Residing if not at place of death -	
Married, Single or Widowed widow		Name of Husband Morgan Rizer	
Father's Name Juskip		Father's Birthplace Virginia	
Mother's Maiden Name		Mother's Birthplace Virginia	
Name of person giving information R. L. Rizer		97 <small>How related to deceased</small> Son	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Asthma	How long Since childhood
	Immediate Heart failure	How long one day
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. J. Duke M.D.
		Address Cumberland Md



Name
in
Full

Charles Fergusson Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ocean		County Allegany		MARYLAND	
Date of death 1904		Month May	Day 15	Age Years		Months 3	Days 1
Sex Male		Color or Race White		Birth- place Ocean Ind			
Married, Single or Widowed		Infant		Occupation —			
Name of Wife or Husband —							
Father's Name Claude Robertson				Father's Birthplace Ocean Ind			
Mother's Maiden Name Hester Stevenson				Mother's Birthplace " "			
Name of person giving In formation Claude Robertson				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchia Pneumonia		How long Seven days
Immediate Extreme lungs		How long - a few hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. J. Smith
		Address Midland
Accident or Suicide?		" "

Grm

Allegany Cemetery—

Name
in
Full

Luther Seebert Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>5</i>	Day <i>9</i>	Age <i>1</i>		Years <i>1</i>	Months <i>1</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Frostburg Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Luther Seebert</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mary Lewis</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>L H Seebert</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal Apoplexy</i>	How long <i>1 mo</i>
Immediate <i>Convulsions</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Grier</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	

J. J. May

Name
in
Full

CERTIFICATE OF DEATH

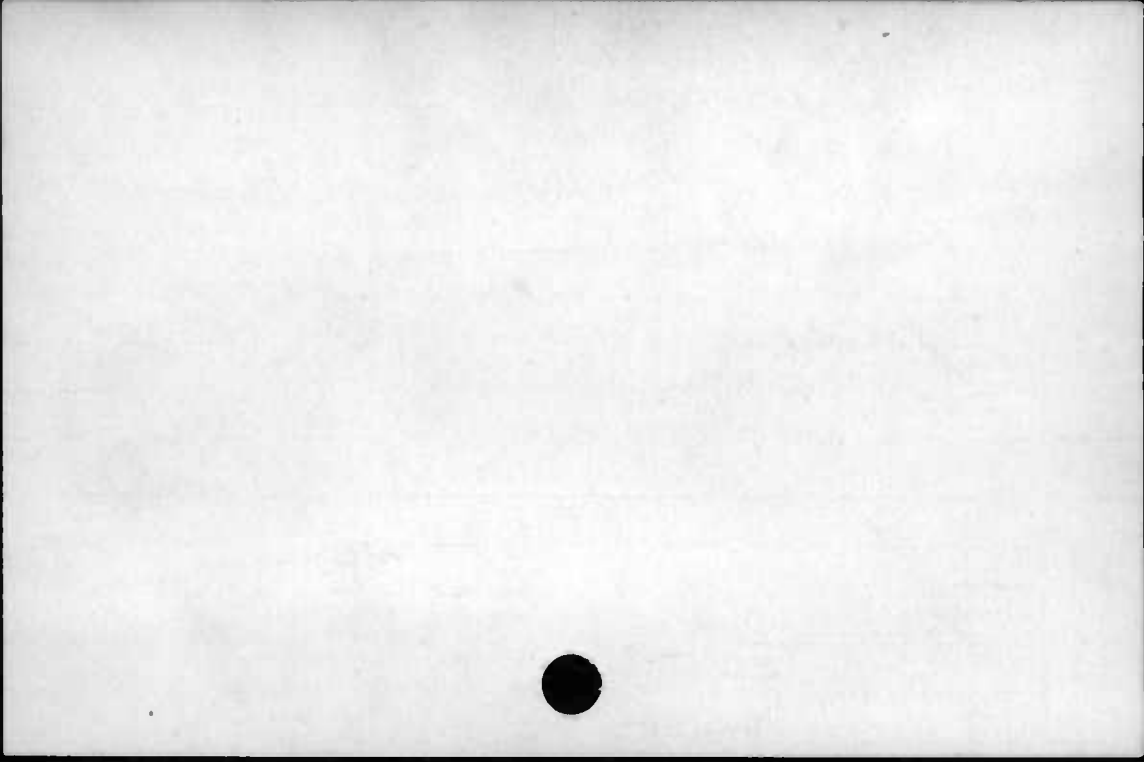
Name in Full <i>Louis Shellhouse</i>		Town <i>Burrhead</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Burrhead</i>		Month <i>May</i>		Day <i>14</i>		Age <i>19</i>	
Date of death <i>1906</i>		Months <i>4</i>		Years <i>19</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Burrhead</i>			
Occupation <i>Store Keeper</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Mathew Shellhouse</i>		Father's Birthplace <i>Burrhead</i>					
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>-</i>					
Name of person giving information <i>Mathew Shellhouse</i>		How related to deceased <i>Father</i>					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>acute Endocarditis</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Do Thos M. Dean</i>
LOUIS STEIN.	Address <i>Do Thos M. Dean</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH	
Rose E. Shipley		MARYLAND	
Died at		County	
St. George		Allegheny	
Date of death		Age	
1906 May 8		22	
Sex		Color or Race	
Female		White	
Occupation		Birthplace	
Housewife		Proford Co. Pa	
Married, Single or Widowed		Where Residing if not at place of death	
Married		Edmund Shipley	
Father's Name		Father's Birthplace	
Nelson Brown		—	
Mother's Maiden Name		Mother's Birthplace	
Lizzie Smith		—	
Name of person giving information		How related to deceased	
E. Shipley		Husband	
CAUSES OF DEATH			
Primary		How long	
Septicemia (pneumonia)		3 weeks	
Immediate		How long	
Typhoid		3 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. Quail	
		Address	
		St. George, Md	
Accident or Suicide?			



Name
in
Full

James Joseph Sloan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eckhart Mines		Allegany		MARYLAND	
Date of death	1906	Month	May	Day	10	Age	63
Sex		Male		Color or Race		White	
Birth-place		Virginia		Where Residing if not at place of death		x x x	
Occupation		Foreman in mine		Name of Wife or Husband		Mary Elizabeth Eberly	
Married, Single or Widowed		Single		Father's Name		John Sloan	
Mother's Maiden Name		Miner's Foster		Father's Birthplace		Ireland	
Name of person giving information		Wife Mrs Sloan		Mother's Birthplace		Ireland	
				How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Disease of heart	How long	x x
Immediate	Heart failure	How long	x x
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. M. Brownell M.D.	
Address		Eckhart Mines	
Accident or Suicide?		No.	

Leander

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

MARYLAND

22

one - Days
7

Birth-place *Ind*

Where Residing if not
at place of death

Name of Wife or Husband

Father's Birthplace	Ind
---------------------	-----

Mother's Birthplace Pa

How related to deceased	Father
-------------------------	--------

CAUSES OF DEATH

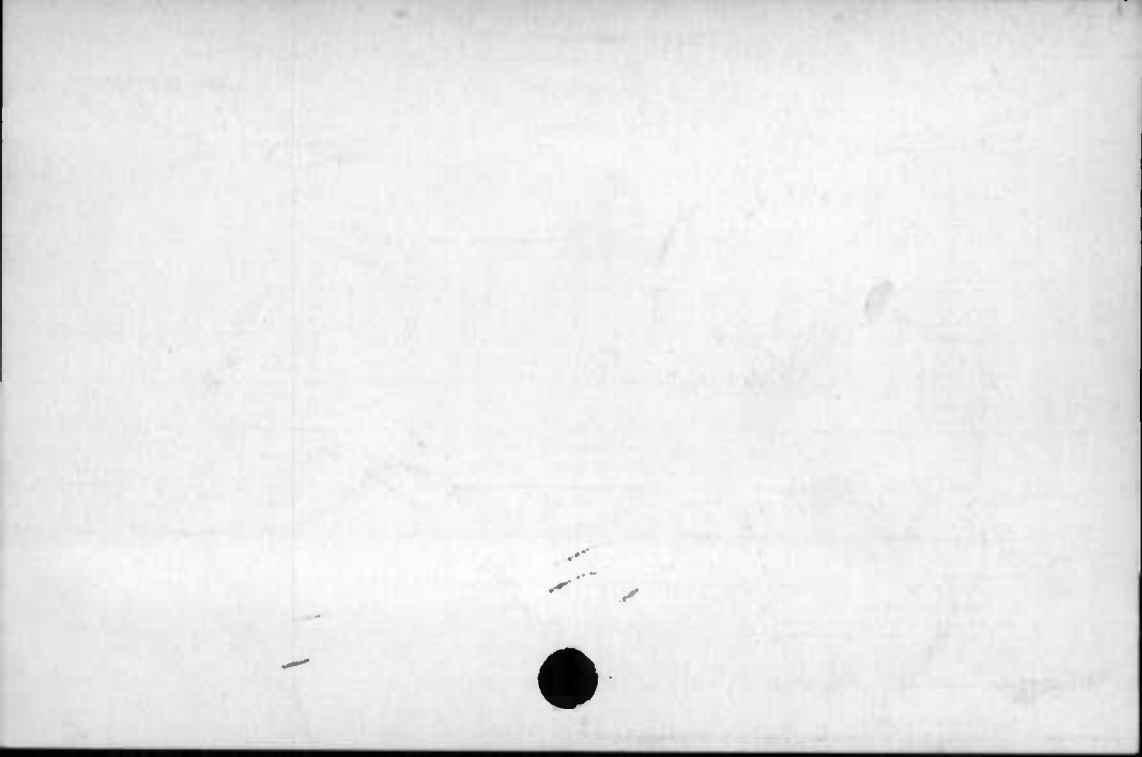
How long	
----------	--

How long	
----------	--

Signature of Physician _____

Address _____

Can't make out the



Name
in
Full

Margaret Tedrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>May</u> ^{Month}	<u>7</u> ^{Day}	Age <u>—</u> ^{Years}	<u>4</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Pa.</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frank Tedrow</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Margaret Tedrow</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Frank Tedrow</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>died suddenly</u>	How long <u>—</u>
Immediate <u>do not know</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Brice</u>
	Address <u>Frostburg Md.</u>
Accident or Suicide?	

227

Name

in
Full

Henry Thoma

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Caint-d

Date

Month

Day

Age

Years

Months

Days

of death 1906

May

17

58

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Glass Engraver

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Theodora

Father's
Name

—

Father's
BirthplaceMother's
Maiden Name

—

Mother's
BirthplaceName of person giving
In formation

Mrs Henry Thoma

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Apoplexy

How long

(64)

Immediate

Death

How long

Are the name, age, sex, color, date
and place correctly given above?

(Yes)

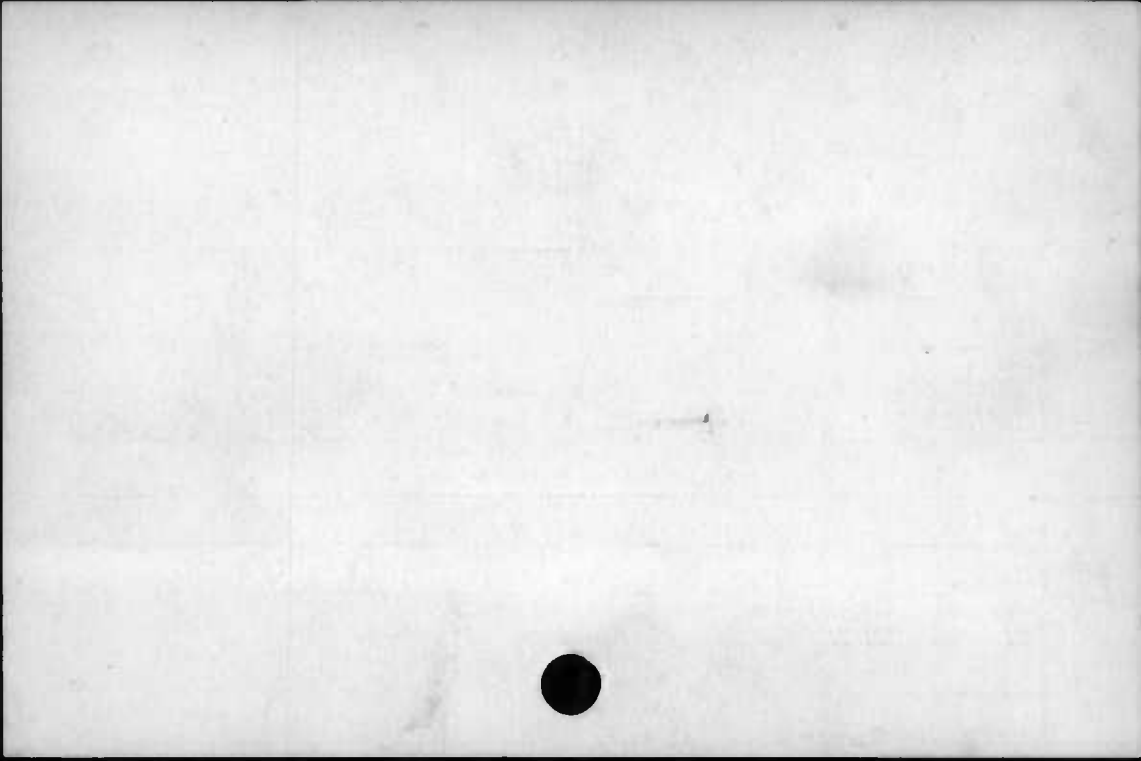
Signature of
PhysicianDr Geo L Carder
Cumberland
Md.

Address

LOUIS STEIN

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

In Full

Margaret Isabelle Trail

CERTIFICATE OF DEATH

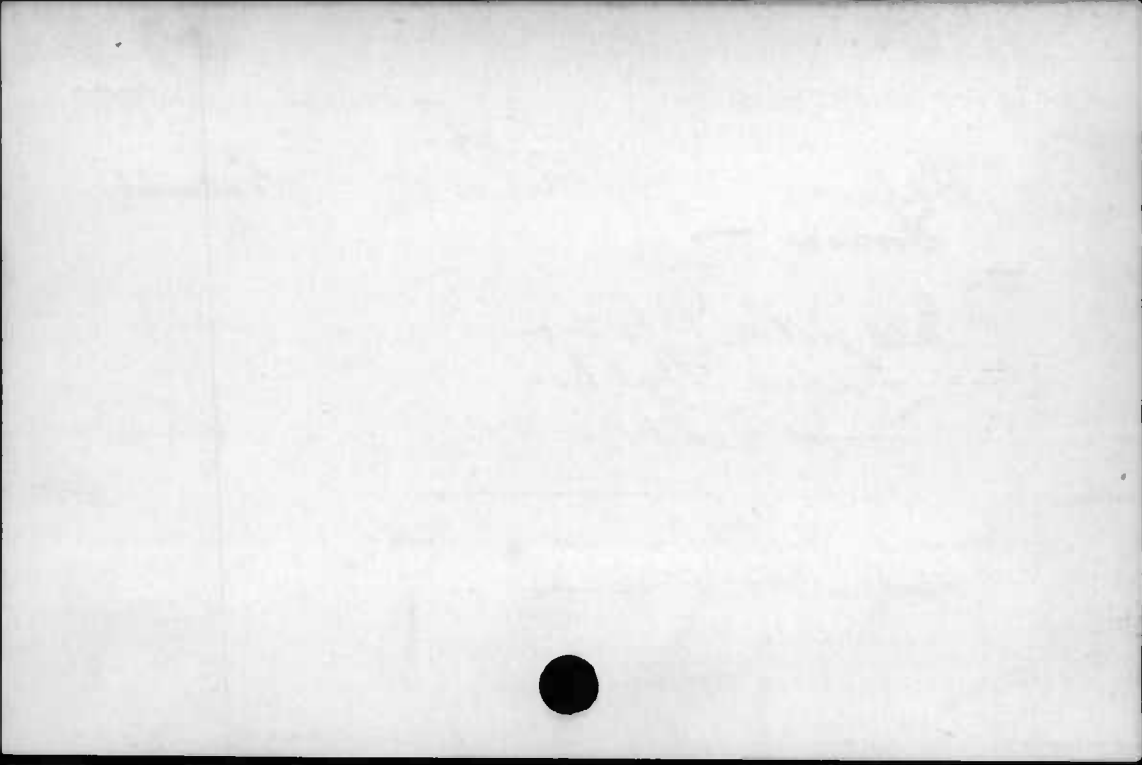
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1906	Month May	Day 9	Age	Years	Months 11
Sex	female		Color or Race	white		Birth-place	Cumberland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Allie O Trail			Father's Birthplace	
Mother's Maiden Name			Clara Calhoun			Mother's Birthplace	
Name of person giving information			Mrs Allie Trail			How related to deceased	
						mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchus Pneumonia (92)		How long	3 ds
Immediate	Exhaustion		How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			98 Va Ave Cumberland Md	
Accident or Suicide?				



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary. Jane Trail*

Died at *Cumberland* ^{Town} *Allegheny* ^{County} **MARYLAND**

Date *14* ^{Month} *May* ^{Day} *Monday* ^{Years} *51* ^{Months} *8* ^{Days} *6*

of death *1906*

Sex *Female* Color or Race *White* Birth place *Shawadole*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of ~~Wife~~ or Husband *Phil Henry Trail*

Father's Name _____ Father's Birthplace *Shawadole Penn*

Mother's Maiden Name *Mary. Jane Rodriett* Mother's Birthplace *" "*

Name of person giving information *Phillip J. F. Trail* How related to deceased *Son -*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diabetes Mellitus* ^{How long} *About 18 yrs.*

Gangrene ^{How long} *few wks*

Immediate _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Edward Harris, M.D.*

Address *Cumberland, Maryland.*

Accident or Suicide? ☐

Dr Harris

Name
in
Full

John Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harison Town Allegheny County
Date of death 1906 Month 5 Day 19 Age 26 Years Months Days
Sex Male Color or Race Black Birthplace Piedmont
Occupation Driver Where Residing if not at place of death

~~Married~~ Single ~~or Widowed~~ ~~Married~~ Wife or ~~Married~~
Father's Name John Walker Johnson Father's Birthplace
Mother's Maiden Name Lucie Walker Mother's Birthplace
Name of person giving information C. D. Moore How related to deceased Brother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary (166) How long
Immediate accident - fell from train How long
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. H. Mayhew
Address

Accident or Suicide?

Per-
chance

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Walters Jr.* Town *Penarth* County *Allegany* MARYLAND

Died at *Penarth Meadow,*

Date of death *1906* Month *May* Day *21* Age *70* Years Months *5* Days *17*

Sex *male* Color or Race *white* Birth-place *So. Wales*

Occupation *Miner -* Where Residing If not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Rhoda Miller*

Father's Name *John Walters* Father's Birthplace *Wales*

Mother's Maiden Name *Ann Cross -* Mother's Birthplace *Wales*

Name of person giving information *Mrs Walters* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Cerebral Hemorrhage* (14) How long *12 days*

Immediate *Exhaustion* How long *12 - days -*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

James O. Bullock M.D.
Lincolnton Maryland

Accident or Suicide?

no



Name

in
Full

CERTIFICATE OF DEATH

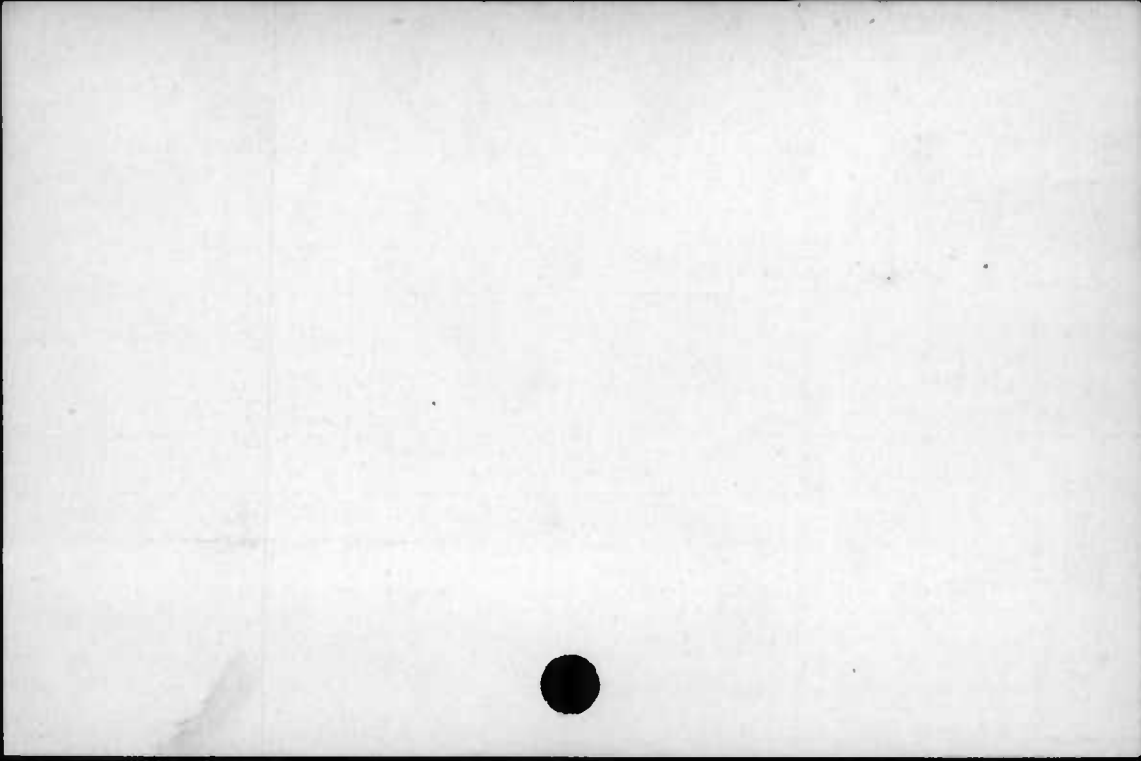
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		County <i>Allegheny</i>		MARYLAND	
Date of death	1906	Month	May	Day	21
Age	64	Years	64	Months	1
Sex	Male	Color or Race	White	Birth-place	Scotland
Occupation	Hotel Keeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Emma Sperling-Weir		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Emma Weir			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>1 yr</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. L. Branning</i>
		Address	<i>Cumtland</i>
Accident or Suicide?	<i>No.</i>		



Name
in
Full

Margaret Wieghorst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death		190	Month 5	Day 1906	Age 83	Years	Months Days
Sex Female		Color or Race white		Birth-place Germany			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Henry Wieghorst					
Father's Name -		- Henry				Father's Birthplace Germany	
Mother's Maiden Name						Mother's Birthplace " "	
Name of person giving information Geo J. Wittey		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma Liver	How long	one year
Immediate	Asthenia	How long	one year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thos F. Althouse	
		Address Frostburg, Md	
Accident or Suicide?			

g t u
a m e

In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
COR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Cumtland Town

Town

County

Died at

Date _____

Month

D8 v

Age

Yes

Months

Days

Sex

Occupation

Color or Race

Birth-
place

Where Residing if not
at place of death

Married, Single
or WidowedName of Wife or
Husband

Father's Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving information

How related
to deceased

CAUSES OF DEATH

Primary

Now long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *W. C. Wilson* 5/1/11
 Died at *Cambridge* Town *Cambridge* County *Cambridge* MARYLAND
 Date of death *1906* Month *5* Day *23* Age *46* Years Months Days
 Sex *Male* Color or Race *White* Birth-place
 Occupation *Painter* Where Residing If not at place of death
 Married, Single or Widowed Name of Wife or Husband
 Father's Name Father's Birthplace
 Mother's Maiden Name Mother's Birthplace
 Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *(166)* How long
 Immediate *accident, crushed by B. & O. R.R.* How long
 Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. H. Matz*
 Address *Coroner*
 Accident or Suicide?

1



Name
in
Full

CERTIFICATE OF DEATH

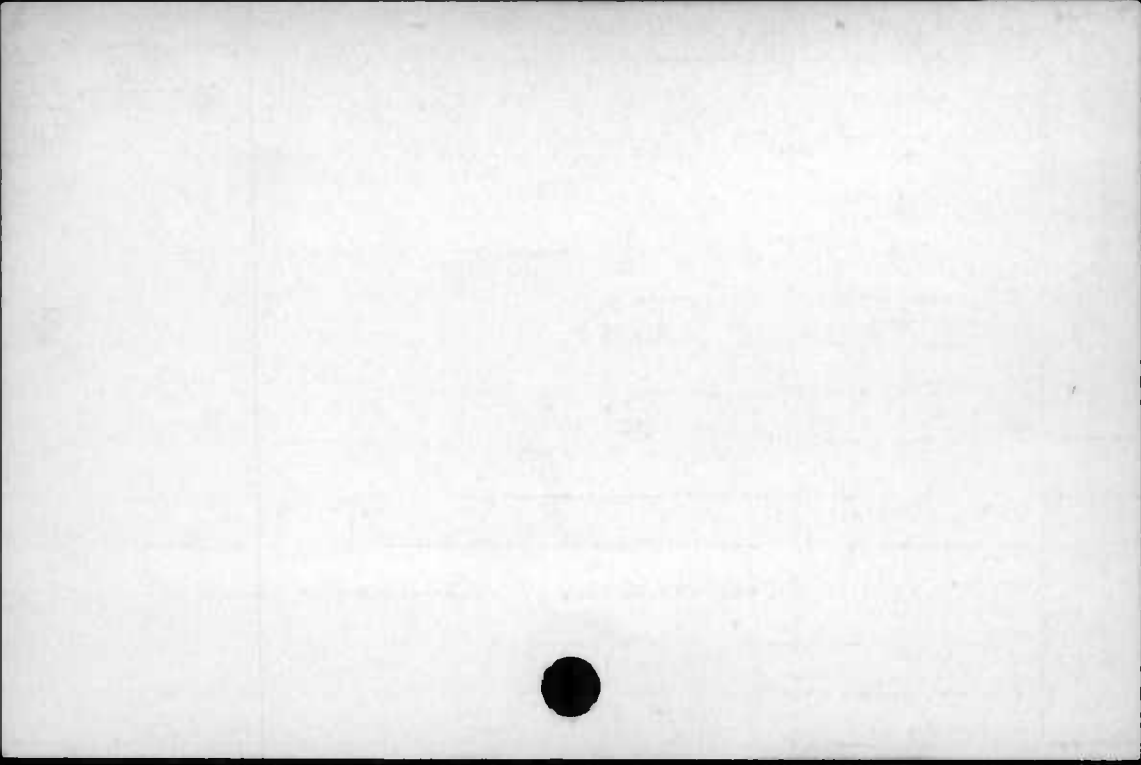
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i> Town <i>Allegheny</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>May</i> Day <i>24</i> Age <i>84</i> Years Months <i>11</i> Days <i>—</i>			
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Not known</i>	
Occupation <i>Wagon-maker</i>	Where Residing if not at place of death <i>Stump</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca Shaffer</i>		
Father's Name <i>John Mitt</i>	Father's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>H. E. Mitt</i>	How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stroke</i>	How long <i>—</i>
Immediate <i>Paralysis</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Quaker M.D.</i>
	Address <i>Mr. Sprague Inc.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Peter Wolf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland^{County} AlleganyDate
of death 1906

Month

May

Day

17

Age

6 3-

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Frederick Co

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Jennie Shell

Father's
Name

Samuel Wolf

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hiram Wolf.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

5 or 6 years

Immediate

Shock.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

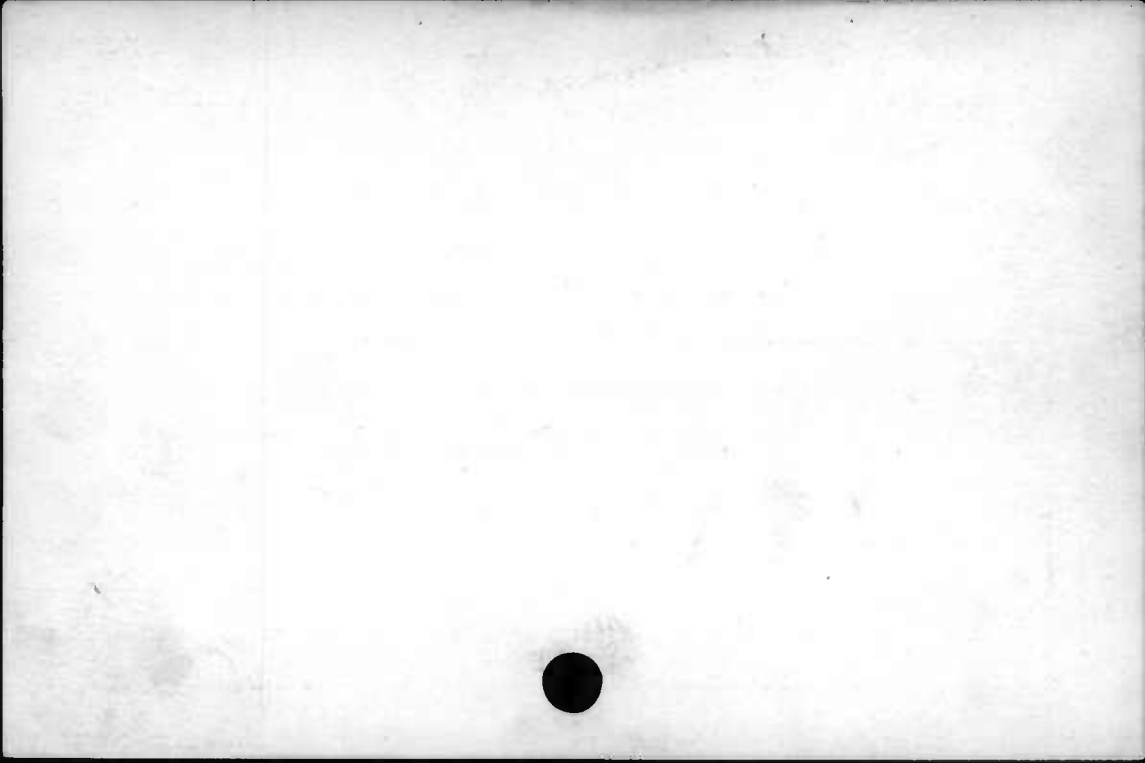
William R. Ford MD.

Address

116 Virginia Ave.
Cumberland.

Accident or Suicide?

PHYSICIAN
OR CORONER



PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date _____

of death

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

